



**ACH AUTHORIZATION (Direct Deposit)**  
NORTH DAKOTA DEPARTMENT OF EMERGENCY SERVICES  
SFN 54473 (10-2005)

VENDOR INFORMATION		
Vendor Name		
Address		
City	State	Zip Code
Contact Name (Please print or type)		Telephone Number
E-Mail Address		EIN/SSN

Type of Change (please check one of the following): <input type="checkbox"/> New (Complete Part B only below) <input type="checkbox"/> Revised (Complete Part A and B below)
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<b>Type of Business (please check one of the following):</b>	
<input type="checkbox"/> Nonprofit or Government Entity	<input type="checkbox"/> Corporation
<input type="checkbox"/> Individual or Sole Proprietorship	<input type="checkbox"/> Other (Please Specify) _____
<input type="checkbox"/> Partnership	

**If your organization has more than one direct deposit account, please indicate below which funds or types of payment belong with this ACH information.**

PART A: Old Account Information	PART B: New Account Information
Title of Fund or Type of Payment	Title of Fund or Type of Payment
Financial Institution Name	Financial Institution Name
Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Account Number	Account Number
Bank Routing Number (exactly 9 digits)	Bank Routing Number (exactly 9 digits)

This ACH form will authorize all payments to be automatically deposited into the financial institution listed above, for the fund listed above.	
Signature of Authorizing Vendor	Date

Send completed form to:

Department of Emergency Services  
PO Box 5511  
Bismarck, ND 58506-5511  
Telephone: 701-328-8100  
Fax: 701-328-8181

**Emergency Services Use Only**

Approved By
Location Name

**DES will forward original signed form to ND Vendor Registry Office.**

**Vendor Registry Use Only**

Vendor Number
Location
Approved By
Date